U S Department of Labor Office of Labor Management Standards -Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

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For Official Use Only				
	LY BEFORE PREPARING THIS REPORT			
■ ATG 2 2 2005				
	T			
1 File Number U 10/10/1	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Eufracio R Ortiz Jr	Name Laborers Local #578			
	Labor Organization File Number 020 676 020 976			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 404 N Spruce St	Street 404 N Spruce			
City Colorado Springs	City Colorado Springs			
State Colorado ZIP Code + 4 80905	State Colorado ZiP Code + 4 80905			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
PO Box Bldg Room No If any	, , , , , , , , , , , , , , , , , , , ,			
Street	7 b Amount			
City	A. A			
State ZIP Code + 4				
Signature				
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)				
Signed Cold Cold	on 8-12-05 719-632-2775			
	Date Telephone Number			

Name of Person Filing Eufracic Ortiz Jr		File Number U		
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent or irectly to or otherwise	s		
8 Name and address of Business (including trade name if any) Name Trade Name if any	9 Business deals with a Labor Organiza	ation		
P O Box Bidg Room No If any Street	b Trust			
State ZIP Code + 4				
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name McMorgan & Company Trade Name If any Third Party Administrator PO Box Bldg Room No If any	Sporting Events Ti	ckets	т	
Street 1746 Cole Blvd Suite 225	11 b Approximate dollar value of such dealing \$100			
City Golden State Colorado ZiP Code + 4	12 a Nature of interest he	·	3	
	12 b Amount		\$100	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	14 a Nature of payment			
P O Box Bldg Room No If any		d ^a	.n 	
Street City State ZIP Code + 4			ju	
ZIF COUE + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			